## **CALFRESH (CF) PROGRAM** REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county

	, ~P	propriate CalFresh Bureau unit	manager.
	5.	DATE OF REQUEST: 12/28/12	NEED RESPONSE BY:
☐ QC ☐ Fair Hearing ☐ Other:	country/organization:     Siskiyou County Human Services Agency     subject:     Clarification of Date (ES submitted before the 15th)		
REQUESTOR NAME:	8.	REFERENCES: (Include ACL/ACIN, o NOTE: All requests must have a reg	court cases, etc. in references) gulation cite(s) and/or a reference(s).
PHONE NO.:	ACL 12-74		
REGULATION CITE(S):			
QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY);			
	onth	ns of CalFresh benefits.' Wh	nich month is this referring to,
	Fair Hearing Other:  REQUESTOR NAME:  PHONE NO.:  REGULATION CITE(S):  QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):	Policy/Regulation Interpretation  QC Fair Hearing Other:  REQUESTOR NAME:  PHONE NO.:  REGULATION CITE(S):  QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY): In ACL 12-74, Pg. 3 Bullet 1, 'county will pend subsequent month'	Policy/Regulation Interpretation  QC Fair Hearing Other: Clarification of Date (ES suregulation NAME:  PHONE NO.:  REGULATION CITE(S):  QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY): In ACL 12-74, Pg. 3 Bullet 1, 'county will pend subsequent months of CalFresh benefits.' When the suregulation is presented by the country of the country is presented by the coun

10.	BEQUESTOR'S PROPOSED	ANSWER!

## 11. STATE POLICY RESPONSE (CFPB USE ONLY):

The second month is the subsequent month. CalFresh benefits are prorated only for the initial month (Section 63-503.13). Therefore the following month (second month) would be the subsequent month.

FOR CDSS USE			
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:		
December 28, 2012	December 28, 2012		